

## **MONTANA BOARD OF ALTERNATIVE HEALTH CARE**

### **DIRECT-ENTRY MIDWIFE LICENSURE IN MONTANA**

**THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION.**

APPLICATIONS MUST BE APPROVED BY THE BOARD MEMBERS THROUGH THE MAIL. AVERAGE APPROVAL /DENIAL TIME, AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION, IS ONE MONTH.

#### **A. REQUIREMENTS FOR LICENSURE:**

DIRECT-ENTRY MIDWIFE LICENSURE BY EXAMINATION: Applicant is not licensed in any other state as a direct-entry midwife. Applicant must:

- 1) be of good moral character;
- 2) possess a high school diploma or its equivalent;
- 3) be at least 21 years of age;
- 4) pass the North American Registry of Midwives licensing exam (NARM) with a score of 75 or better or an exam endorsed by the Board;
- 5) have filed documentation that the applicant has been certified to perform adult and infant cardiopulmonary resuscitation. Certification must be current at the time of application and remain valid throughout the license period.
- 6) have filed documentation that the applicant has been certified to perform neonatal resuscitation. Certification must be current at the time of application and remain valid throughout the license period.
- 7) have demonstrated to the Board that the educational and supervised, practical experience requirements in §37-27-201(3) and (4) have been met; and
- 8) have submitted a complete application accompanied by the appropriate fee and all supporting documents at least 90 days prior to the examination date.

DIRECT-ENTRY MIDWIFE LICENSEES FROM OTHER STATES: Applicant must:

- 1) have a current license in good standing from a state or jurisdiction whose license was issued under standards equivalent to or greater than current standards in this state (i.e., meet standards 1-7 above) and;
- 2) provide verification from the state or states in which the applicant is licensed that the applicant is not subject to pending charges or final disciplinary action for unprofessional conduct or impairment.

DIRECT-ENTRY APPRENTICES: Applicant must:

- 1) work only under personal supervision (within the physical presence) of an approved supervisor who has completed the Board's supervision form;
- 2) have filed documentation that the applicant has been certified to perform adult and infant cardiopulmonary resuscitation. Certification must be current at the time of application and remain valid throughout the license period.
- 3) have submitted a curriculum outline or method of academic learning that meets the Board's education requirements for licensure;
- 4) have submitted a complete application accompanied by the appropriate fee and all supporting documents.

#### **B. GENERAL INFORMATION:**

**3 copies (plus original) of the completed application and all supporting documents submitted by you must be received in the Board office before your application can be sent to the Board for**

**review. MIDWIFE EXAM CANDIDATES SEE EXAM INFORMATION ON THE WEBPAGE FOR CURRENT DEADLINE AND EXAMINATION DATES.**

**C. SUPPORTING DOCUMENTS FOR DIRECT-ENTRY MIDWIFE EXAMINATION CANDIDATES:**

- 1) Application fee of \$250 (non-refundable) made payable to the Board of Alternative Health Care.
- 2) Photograph approximately 2" X 2" taken within 2 years of the date of application.
- 3) Certified copy of transcript verifying graduation sent directly to the Board office from the high school or GED verifying agency.
- 4) Documentation of good moral character consisting of three letters of reference, at least one of which must be from a licensed direct-entry midwife.
- 5) A copy of a current CPR card indicating that the applicant is certified by the American Heart Association or the American Red Cross to perform adult and infant cardiopulmonary resuscitation.
- 6) A copy of a current Neonatal card indicating that the applicant is certified by the American Heart Association or the American Academy of Pediatrics to perform neonatal resuscitation.
- 7) Completed "Direct-entry Midwife Education Standards Form" (Form #1).
- 8) Completed "40 Birth Observations Form" (Form #4).
- 9) Completed forms documenting provision of 100 prenatal examinations (Form #5).
- 10) Completed "Documentation of Birth Experience Form" which certifies that the applicant has served as the primary birth attendant at 25 births, 15 of which include continuous care - 10 of the continuous care births must have been under personal supervision. (Form #2)

Upon notification by the Board of approval to sit for the NARM examination, applicant must submit the midwife examination fee of \$800.

**D. SUPPORTING DOCUMENTS FOR DIRECT-ENTRY MIDWIFE CANDIDATES FROM OTHER STATES:**

- 1) Documents described in 1-10 above on Board forms or documented on other jurisdiction's forms.
- 2) Applicants with licenses from other states must contact other states of licensure (past & current) and request letters of verification of license status to be sent directly to the Board office from the licensing jurisdiction. **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**
- 3) Candidate will have the exam agency supply directly to the Montana Board documentation of successful completion of the North American Registry of Midwives (NARM) exam with a score of 75 or higher or document passage of an exam endorsed by the Board.
- 4) Candidate shall supply a copy of the laws and rules which were in effect at the time the license was granted in the other jurisdiction.

**E. SUPPORTING DOCUMENTS FOR APPLICANTS FOR DIRECT-ENTRY MIDWIFE APPRENTICES**

MW-Instructions

Revised 3/01

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- 1) A copy of a current CPR card indicating that the applicant is certified by the American Heart Association or the American Red Cross to perform adult and infant cardiopulmonary resuscitation.
- 2) Application fee of \$200 (non-refundable) made payable to the Board of Alternative Health Care.
- 3) Completed supervision agreement. (Form #3)
- 4) Curriculum outline or plan for method of academic learning that meets the Board's educational requirements for licensure (open format.)

When the apprentice license is issued, you will receive the Level I Forms Packet.

Send applications to:  
MONTANA BOARD OF ALTERNATIVE HEALTH CARE  
PROGRAM MANAGER  
301 S Park, 4<sup>th</sup> Floor  
PO BOX 200513  
HELENA MONTANA 59620-0513  
406-841-2365  
E-mail [dlibsdahc@state.mt.us](mailto:dlibsdahc@state.mt.us)

## MONTANA BOARD OF ALTERNATIVE HEALTH CARE

301 S Park, 4<sup>th</sup> Floor

P. O. Box 200513

Helena, Montana 59620-0513

(406) 841-2365 FAX (406) 841-2305 E-MAIL [dlibsdahc@state.mt.us](mailto:dlibsdahc@state.mt.us)  
<http://discoveringmontana.com/dli/ahc>

### Application for Licensure as:

- ☐ Direct-Entry Midwife  
☐ Direct-Entry Apprentice

### Application by:

- ☐ Examination  
☐ License from Another State

1. FULL NAME \_\_\_\_\_  
Last First Middle
2. OTHER NAME(S) KNOWN BY \_\_\_\_\_
3. BUSINESS NAME: \_\_\_\_\_
4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country
5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country
- PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS \_\_\_\_\_
6. TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Business Home Fax
7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_
8. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City/State ☐ MALE ☐ FEMALE
9. LICENSE NAME \_\_\_\_\_  
(State your name as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
11. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No
12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No
13. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?  
If yes, attach a detailed explanation. ☐ Yes ☐ No
15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?  
If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Has any legal or disciplinary action been filed against you which relates to the propriety or your  
fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured  
by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a  
plea of no contest or deferred prosecution) relating to, or committed during the course of your professional  
practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending?  
You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions  
prior to your 16<sup>th</sup> birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you ever been charged with fraud, formally or informally, in any civil proceeding?  
If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you any physical or mental condition which has in the past three years adversely  
affected your ability to practice this profession, including but not limited to, a contagious or infectious  
disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner  
which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

23. Educational Background:

Name & Location of Institution

Dates Attended

Degree & Date Received

- 
24. Professional Experience as a Midwife (List all experience, unpaid as well as paid, concurrent as well as consecutive, starting at the  
date of application and working back to graduation from your high school. Use additional sheet if necessary.

a). \_\_\_\_\_

b). \_\_\_\_\_

c). \_\_\_\_\_

Date of Photo: \_\_\_\_\_

AFFIX A RECENT PHOTOGRAPH.

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana Board of Alternative Health Care.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
For the State of

My commission expires \_\_\_\_\_, \_\_\_\_\_.

BOARD OF ALTERNATIVE HEALTH CARE  
301 S PARK, 4<sup>TH</sup> FLOOR PO BOX 200513  
HELENA, MONTANA 59620-0513  
406-841-2365

DIRECT-ENTRY MIDWIFE EDUCATION STANDARDS  
(To be submitted with NARM examination application.)

Please indicate the direct-entry midwife program or course of study which demonstrates competence in each of the substantive content areas listed below. Submit course and program descriptions, from the time of applicant's graduation or completion, and certificates of completion or certified transcripts sent directly from the institution to verify that the training received fulfills minimum educational standards.

Antepartum Care:

(1) preconceptional factors likely to influence pregnancy outcome;\_\_\_\_\_

(2) basic genetics, embryology and fetal development\_\_\_\_\_

(3) anatomy and assessment of the soft and bony structure of the pelvis;\_\_\_\_\_

(4) identification and assessment of the normal changes of pregnancy, fetal growth, and position;\_\_\_\_\_

(5) nutritional requirements for pregnant women and methods of nutritional assessment and counseling;\_\_\_\_\_

(6) environmental and occupational hazards for pregnant women;\_\_\_\_\_

(7) education and counseling to promote health throughout the childbearing cycle;\_\_\_\_\_

(8) methods of diagnosing pregnancy;\_\_\_\_\_

(9) the etiology, treatment and referral, when indicated, of the common discomforts of pregnancy;\_\_\_\_\_

(10) assessment of physical and emotional status, including relevant historical and psycho-social data;\_\_\_\_\_

(11) counseling for individual birth experiences, parenthood, and changes in the family;\_\_\_\_\_

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(12) indications for, risks and benefits of screening/diagnostic tests used during pregnancy;\_\_\_\_\_

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(13) etiology, assessment of, treatment for, and appropriate referral for abnormalities of pregnancy;\_\_\_\_\_

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(14) identification of, implications of and appropriate treatment for various STD/vaginal infections during pregnancy;\_\_\_\_\_

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(15) special needs of the Rh negative woman;\_\_\_\_\_

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(16) identification and care of women who are HIV positive, have hepatitis or other communicable and non-communicable diseases

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Intrapartum Care:

(1) normal labor and birth processes;\_\_\_\_\_

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(2) anatomy of the fetal skull and its critical landmarks;\_\_\_\_\_

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(3) parameters and methods for assessing maternal and fetal status, including relevant historical data;\_\_\_\_\_

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(4) emotional changes and support during labor and delivery;\_\_\_\_\_

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(5) comfort and support measures during labor, birth, and immediately postpartum;\_\_\_\_\_

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(6) techniques to facilitate the spontaneous vaginal delivery of the baby and placenta;\_\_\_\_\_

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(7) etiology, assessment of, appropriate referral or transport of and/or emergency measures (when indicated) for the mother or newborn for abnormalities of the four stages of labor;\_\_\_\_\_

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(8) anatomy, physiology, and supporting normal adaptation of the newborn to extrauterine life;\_\_\_\_\_

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(9) familiarity with medical interventions and technologies used during labor and birth;\_\_\_\_\_

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(10) assessment and care of the perineum and surrounding tissues, including suturing necessary for perineal repair;\_\_\_\_\_

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Postpartum Care:

(1) anatomy and physiology of the postpartum period;\_\_\_\_\_

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(2) anatomy and physiology and support of lactation, and appropriate breast care and assessment;\_\_\_\_\_

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(3) parameters and methods for assessing and promoting postpartum recovery;\_\_\_\_\_

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(4) etiology and methods for managing the discomforts of the postpartum period;\_\_\_\_\_

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(5) emotional, psycho-social and sexual changes which may occur postpartum;\_\_\_\_\_

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(6) nutritional requirement for women during the postpartum period;\_\_\_\_\_

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(7) etiology, assessment of, treatment for and appropriate referral for abnormalities of the postpartum period;\_\_\_\_\_

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(8) methods to assess the success of the breastfeeding relationship and identify lactation problems, and mechanisms for making appropriate referrals;\_\_\_\_\_

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(9) suturing necessary for episiotomy repair;\_\_\_\_\_

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(10) dispensing and administering pitocin (intramuscular) postpartum; \_\_\_\_\_

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(11) dispensing and administering xylocaine (subcutaneous) \_\_\_\_\_

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Neonatal Care:

(1) anatomy and physiology of the newborn's adaptation and stabilization in the first hours and days of life; \_\_\_\_\_

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(2) parameters and methods for assessing newborn status, including relevant historical data at gestational age; \_\_\_\_\_

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(3) nutritional needs of the newborn; \_\_\_\_\_

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(4) ARM and MCA standards for an administration of prophylactic treatments commonly used during the neonatal period; \_\_\_\_\_

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(5) ARM and MCA standards for, indications, risks and benefits of, and method of performing common screening tests for the newborn; \_\_\_\_\_

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(6) etiology, assessment of (including screening and diagnostic tests), emergency measures and appropriate transport/referral or treatments for neonatal abnormalities. \_\_\_\_\_

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Health and Social Sciences:

(1) communication, counseling and teaching techniques, including the areas of client education and interprofessional collaboration; \_\_\_\_\_

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(2) human anatomy and physiology relevant to human reproduction; \_\_\_\_\_

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(3) ARM and MCA standards of care, including midwifery and medical standards for women during the childbearing cycle; \_\_\_\_\_

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(4) inter-professional communication and collaboration with community health and social resources for women and children;

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(5) significance of and methods for thorough documentation of client care though the childbearing cycle;

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(6) informed decision making;

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(7) health education, health promotion, and self care;

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(8) the principles of clean and aseptic techniques, and universal precautions;

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(9) psychosocial, emotional and physical components of human sexuality, including indications of common problems and method of counseling;

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(10) ethical considerations relevant to reproductive health;

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(11) epidemiologic concepts and terms relevant to perinatal and women's health;

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(12) the principles of how to access and evaluate current research relevant to midwifery practice;

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(13) family centered care, including maternal, infant and family bonding;

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(14) identification of an appropriate referral of disease in women and their families;

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(15) the importance of accessibility, quality health care for all women that includes continuity of care, and special requirements for home births

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MONTANA BOARD OF ALTERNATIVE HEALTH CARE  
REPORT OF INITIATION OF SUPERVISION

Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Montana License No. \_\_\_\_\_  
[Licensed Direct-entry Midwife,  
Certified Nurse Midwife, Licensed Naturopath  
with Childbirth Specialty Endorsement or  
Montana-Licensed Physician]

Apprentice's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Beginning Date Of Supervision \_\_\_\_\_

Other apprentices currently supervised by this supervisor:

Name \_\_\_\_\_ Apprentice License # \_\_\_\_\_

Name \_\_\_\_\_ Apprentice License # \_\_\_\_\_

Name \_\_\_\_\_ Apprentice License # \_\_\_\_\_

It is the understanding of the Board of Alternative Health Care that \_\_\_\_\_ will be an  
apprentice in connection with the practice of direct-entry midwifery conducted under the personal supervision of  
\_\_\_\_\_ who is licensed as a \_\_\_\_\_ in the State of Montana.

\_\_\_\_\_ will assume professional responsibility for the activities and  
(Supervisor)  
services of \_\_\_\_\_, as required by ARM 8.4.503 for which the supervisor has accepted  
(Apprentice)

responsibility and over which she/he has exercised supervision. Personal supervision (meaning in the physical presence  
of the licensed supervisor) will continue unless and until the Board is advised in writing by the supervisor of advancement  
from personal to indirect supervision (Level III only).

I hereby acknowledge that violation of the Board statutes or rules may result in license discipline against the direct-entry  
midwife apprentice, or supervisor, or both.

\_\_\_\_\_ SUPERVISOR'S SIGNATURE & DATE

\_\_\_\_\_ APPRENTICE'S SIGNATURE & DATE

BOARD ACCEPTANCE OF THE SUPERVISION INDICATES THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCEPTABLE. IT DOES NOT  
INDICATE THAT THE PROPOSED SUPERVISION HAS INCORPORATED ALL THE REQUIREMENTS SPECIFIED IN STATE LAW SECTION (37-27-  
205 AND SUBSTANTIVE RULE 8-4-503). FAILURE TO HAVE INCORPORATED THESE MANDATED CONDITIONS MAY RESULT IN ACCEPTED  
SUPERVISION NOT ADEQUATELY FULFILLING THE REQUIRED EXPERIENCE. THUS IT IS THE APPRENTICE'S RESPONSIBILITY TO ENSURE  
THAT ALL NECESSARY CONDITIONS ARE MET. SUPERVISED EXPERIENCE ALONE DOES NOT GUARANTEE ADMITTANCE TO THE  
EXAMINATION OR THAT THE APPLICANT WILL ULTIMATELY BE LICENSED.